MAXIMUS Federal Services

Case Number:	CM14-0103763		
Date Assigned:	07/30/2014	Date of Injury:	05/29/2014
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehab and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36-year-old male who reported an injury on 05/29/2014 due to a motor vehicle accident. Diagnoses were status post work related motor vehicle accident, cervical strain with left cervical radicular symptoms and signs, spontaneous aggravation since 10/15/2011, right elbow laceration with residual right elbow pain and tardy ulnar palsy with paresthesias and hypoesthesias of right fourth and fifth digits, thoracic and lumbar strain, bilateral shoulder strain, healed laceration of left jaw. Past treatments were medications, muscle stimulator, physical therapy, and home exercises. Diagnostic studies were an EMG/nerve conduction study that revealed no cervical radiculopathy, no carpal tunnel, and no cubital tunnel. The injured worker also underwent an MRI of the cervical spine on 05/03/2014. Surgical history was not reported. The injured worker had a physical examination on 06/16/2014 that revealed lumbar spine discomfort, which the patient rated the pain at a 3/10. He had complaints of low back pain increased by repetitive movement or prolonged sitting. Examination of the thoracic spine revealed tenderness and slight spasm of infrascapular parathoracic muscles bilateral. Sensory examination revealed sensation to light touch was altered/decreased in the right fourth and fifth digits in the ulnar nerve distribution. Medications were Norco 10/325, Amrix 15 mg, Lodine, Butrans patch, and Prilosec. Treatment plan was for physical therapy evaluation/treatment x 12 visits of the lumbar spine. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy-evaluation/treatment x12 visits - lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Physical therapy Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98, 99 Page(s): 98-99.

Decision rationale: The request for physical therapy evaluation/treatment x 12 visits to the lumbar spine is non-certified. The California Medical Treatment Utilization Schedule states physical medicine comes in 2 forms as passive therapy and active therapy. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance. The guidelines recommend for physical medicine to allow for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. For unspecified neuralgia, neuritis, and radiculitis it is recommended 8-10 visits over 4 weeks. It is unknown how many physical therapy treatments the injured worker has had. Objective measurable gains from the physical therapy sessions were not reported. The guideline does state that patients are instructed and expected to continue active therapies at home as an extension of their treatment process in order to maintain improvement levels. It was reported that the injured worker was participating in home exercise program. The rationale for additional therapy was not justified. Therefore, the request is non-certified.